

# FEE TRANSMITTAL

Complete if known	
Application Number: 09/904,471	
Filing Date: July 13, 2001	
First Named Inventor: DeWitt et al, Robert, R.	
Group Art Unit: 3629	
Examiner Name: Cosimano, Edward R.	
Total Amt. of Payment: (1)+(2)+(3)=	\$810
Attorney Docket Number: 0412-P02404US0	

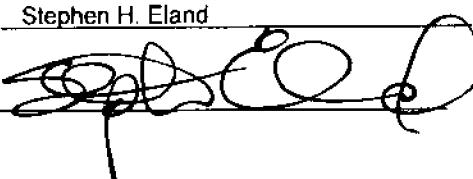
METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																					
1. The Commissioner is hereby authorized to: <input type="checkbox"/> Charge indicated fees <input checked="" type="checkbox"/> Charge additional fees <input checked="" type="checkbox"/> Credit overpayments  to the account of DANN, DORFMAN, HERRELL & SKILLMAN Deposit Account Number <u>04-1406</u>		<b>ADDITIONAL FEES</b> <b>Fee Description</b> <span style="float: right;"><b>Fee Paid</b></span> Surcharge-late filing fee or oath _____ Surcharge - late provisional filing fee or cover sheet _____ Extension for response within month _____ Notice of Appeal _____ Filing a brief in support of an appeal _____ Request for oral hearing _____ Petition to revive unavoidably abandoned application _____ Petition to revive unintentionally abandoned application _____ Issue fee _____ Petitions to the Commissioner _____ Petitions related to provisional applications _____ Submission of Information Disclosure Stmt. _____ Recording each patent assignment per property _____ Other fee (specify) <u>RCE</u> _____ 810  <b>SUBTOTAL (1)</b> <u>\$0</u> <span style="float: right;"><b>SUBTOTAL (3)</b> <u>\$810</u></span>																					
2. Payment enclosed: Check in the amount of <u>\$810</u>																							
<b>FEE CALCULATION</b> <b>1. FILING FEE</b> <b>Fee Description</b> <span style="float: right;"><b>Fee</b></span> Utility filing fee _____ Design filing fee _____ Plant filing fee _____ Reissue filing fee _____  <b>SUBTOTAL (1)</b> <u>\$0</u>																							
2. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Paid</th> <th style="text-align: center;">Extra</th> <th style="text-align: center;">Fee</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">18</td> <td style="text-align: center;">-18</td> <td style="text-align: center;">= 0</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">3</td> <td style="text-align: center;">-3</td> <td style="text-align: center;">= 0</td> </tr> <tr> <td>Multiple Dependent (First presentation)</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;"><b>SUBTOTAL (2)</b> <u>\$0</u></td> </tr> </tbody> </table>			Paid	Extra	Fee	Total Claims	18	-18	= 0	Independent Claims	3	-3	= 0	Multiple Dependent (First presentation)				<b>SUBTOTAL (2)</b> <u>\$0</u>					
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Submitted By:

Typed or

Printed Name Stephen H. Eland

Reg. Number 41,010

Signature 

Date October 31, 2007

Deposit Account User ID  
04-1406